Kids Victim Impact Statement

This is your chance to tell how you feel!

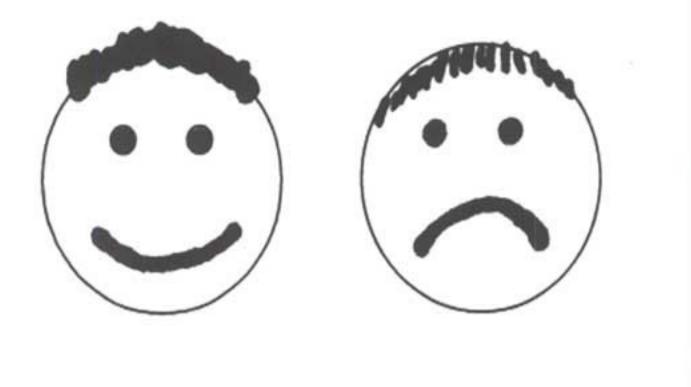
| State | VS. | |
|-------|-----|--|
| State | VS. | |

Case No.

Charge _____

Your Name ____

How did this crime make you feel? (Circle as many as you like.)

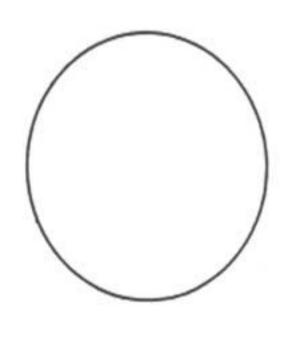


Happy





Mad Scar



Scared Other